

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8-28

2 Serial/Patent # 4881164

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒

Filing

\$ 300

☐

Amendment

\$

☐

Extension of Time

\$

☐

Notice of Appeal/Appeal

\$

☐

Petition

\$

☐

Issue

\$

☐

Cert of Correction/Terminal Disc.

\$

☐

Maintenance

\$

☐

Assignment

\$

☐

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 300

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/c #:

9

16--1150

10 REASON:

☒

Overpayment

☐

Duplicate Payment

☐

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

K. J. Washington
Washington
ONAR

TITLE:

Exam

SIGNATURE:

PHONE:

8-1202

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED:

Bill Phillips

DATE:

10-10-98

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1-19 2 Serial/Patent # 488,164

3 Please refund the following fee(s):

4 PAPER NUMBER 5 DATE FILED 6 AMOUNT

<input checked="" type="checkbox"/>	Filing			\$ <u>6.05</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other <u>2/13/96</u>			\$

7 TOTAL AMOUNT OF REFUND \$ 6.05

8 TO BE REFUNDED BY:

☐ Treasury Check
☒ Credit Deposit A/C #: 16--1150

10 REASON:

☐ Overpayment
☐ Duplicate Payment
☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: K. Washington

TITLE: Exam

SIGNATURE: [Signature]

PHONE: 8-1202

OFFICE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B